



CHANGE OF OWNERSHIP – NON-RESIDENTIAL

LOXAHATCHEE RIVER ENVIRONMENTAL CONTROL DISTRICT
2500 JUPITER PARK DRIVE, JUPITER, FL 33458-8964
Phone: 561-747-5700 Option 2; Fax: 561-747-9929; www.loxahatcheeriver.org
Email: billing@lrecd.org

- Please provide a copy of your Warranty Deed to establish an account with the District.
Please provide a mailing address if you want your bill sent to an address other than the service location.

PLEASE PRINT LEGIBLY:

Property Type: Multi-Family Live/Work Non-Residential Other

Business Name: _____

Service Address: _____

Mailing Address: _____

Authorized Agent: _____

Contact Phone Number: _____ Alternate Phone Number: _____

Email Address: _____

Potable water is provided to my business by Town of Jupiter; Village of Tequesta; private source

Water Utility Account Number: _____

Have you ever had an account with the District? Yes No

If yes, provide service address: _____

Date of Sale: _____

Is potable water used for landscape irrigation on this property? No; Yes If yes, an irrigation meter may reduce your quarterly sewer bill, contact our Engineering Department at 561-747-5700 x110 for more info.

Is there a commercial food establishment on this property? No; Yes If yes, you must also contact our Engineering Department at 561-747-5700 x110 to address grease interceptor requirements.

I am applying for wastewater service to be provided by the District to the service address above.

I agree to follow and abide by the District's Rules (www.loxahatcheeriver.org/rules.php).

I understand the District bills wastewater service quarterly, in advance.

I understand that non-payment of my account may result in a lien on my property.

Signature of Owner: _____

Printed Name of Owner: _____

Date: _____

Notary Certificate

Notary available at the District office – 2500 Jupiter Park Drive

State of _____

County Of _____

The foregoing instrument was acknowledged before me this _____, 20____, by _____

Who is (personally known) to me or (who has produced _____) as identification.

Notary Signature _____

Name of Notary (printed, typed or stamped) _____

(Seal)

For Office Use

Date received: _____ Account #: _____ Approved by: _____